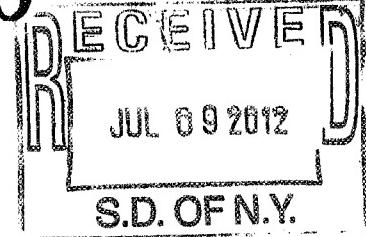


12 CV 05406

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKMitchell, DamienAMKC Quad Tower

(In the space above enter the full name(s) of the plaintiff(s).)



-against-

City of New YorkDora B SchriroMayor BloombergJohn Doe Corizon Health Services manager A.M.K.CGovernor Cuomo

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Mitchell, I. Damien  
 ID # 3491203484 NYSID 2591227-L  
 Current Institution A.M.K.C. C-95  
 Address 18-18 Flazier Street  
East Elmhurst New York 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name City of New York Shield # \_\_\_\_\_  
 Where Currently Employed Corporation Counsel  
 Address 100 Church Street  
New York New York 10007

Defendant No. 2

Name Jane B Schriro Shield # \_\_\_\_\_  
 Where Currently Employed Commissioner D.O.C of NY  
 Address 75-20 Astoria Boulevard  
East Elmhurst New York 11370

Defendant No. 3

Name Mayor Michael Bloomberg Shield # \_\_\_\_\_  
 Where Currently Employed Gracie Mansion  
 Address City Hall  
New York New York (S.I.)

Defendant No. 4

Name A.M.K.C Corizon Manager Shield # \_\_\_\_\_  
 Where Currently Employed A.M.K.C Facility C-95  
 Address 18-18 Hazen Street  
East Elmhurst New York 11370

Defendant No. 5

Name Governor Cuomo Shield # \_\_\_\_\_  
 Where Currently Employed Office of Governor  
 Address Executive Chambers, Capitol Building  
Albany New York 12224

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? A.M.K.C

B. Where in the institution did the events giving rise to your claim(s) occur? Intake area  
medical identification and bedding (Housing Area),

C. What date and approximate time did the events giving rise to your claim(s) occur? This  
occurred when I was house at A.M.K.C, gave several  
complaints to officer and medical staff, nothing was  
done.

D. Facts: what happen to me was the department of Correction Eliminated the CorCraft mattress and I receive a low cost effective mattress. In error for having all beds the same size and not having for people over 5'11 tall. when they Substituted the standard mattresses for non new york state standard mattress mats Inappropriate bedding set and issued them to the Hill inmate population at riker's Island. Causing me extreme lower back pain and leg Soreness Corporation Counsel art ~~are~~ are responsible to access a Viable budgetary System in new york to assure Compliance with the Correctional, health and hospital and Chiropractic regulations for bedding in new york Correctional System; The failure to issue proper bed size, frame and mattress Causes leg, neck and back pains. The fact that pillows are not given out to all the detainees. and the fact that AmKC does not allow you to have permit for a double mattress. The Sad thing is that the manager of Corrion health Services also failed to declare and emergency and have the health Service mandate proper measures as the problem of epidemic proportion.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Extreme lower back pain (neck) that also affected my legs and exacerbated of other injuries. I'm able to to receive extra blankets to pile on top of each other but they always taken or searches. I just don't know what else to do. Always in extreme pain. At one point I was receiving medications but AmKC head doctor has been failing to acknowledge my health needs, I would also like this to be followed up in a respectful manner where this cruel and unusual punishment can come to a halt. Also would like some one to look into me receiving my proper medication.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Since early 2012 I have been in the following Correctional facilities. A.M.K.C

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No  Do Not Know \_\_\_\_\_

If YES, which claim(s)? Their claim issue is a budget issue.

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No

If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Grievance filed in A.M.K.C Facility

1. Which claim(s) in this complaint did you grieve? The mattress and Bed frame size and style is inappropriate for my weight/height.
2. What was the result, if any? Grievance declared they cannot do anything to fix the problem
3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Contacted outside agencies sought appeal mechanism but was told there are none other than appeal through the Courts.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: not applicable.

2. If you did not file a grievance but informed any officials of your claim, state who you Different officer and medical staff

informed, when and how, and their response, if any: Nothing we can do, due to budget, too bad is what was told to me.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I filed the grievance and was told D.O.C has to address this issue because the grievance department cannot do anything other than file the grievance. Called inspector Central at 212 266 1900 and reported incident, and called 212 549 3530 the Prisoners rights project all investigations were pending. Wrote to health department, D.O.C. b.D.O.C to seek emerganal relief.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Compensatory damages

\$50,000 to 100,000 dollars, normal damages with cost and fees. Extreme circumstances of this matter the issue is known to the City and all defendants and they still fail to make Concession.

On  
these  
claims

**VI. Previous lawsuits:**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 29 day of June, 2012

Signature of Plaintiff

Inmate Number

Institution Address

K. Mitchell  
BC 349-12-03484/NYSID#  
18-18 Hazen Street  
East Elmhurst NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 29 day of June, 2012 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

K. Mitchell

Damien Mitchell

B&C # 3491203489  
A.M.K.C 6-95

18-18 Hazen Street  
East Elmhurst  
New York  
11370

b-7B - 2012

RECEIVED  
SDNY PROSECUTOR'S OFFICE

TRIBORO NY 112  
SKYLINE STATION 1ST FLOOR  
105-24 201st Street  
Jamaica, NY 11432

USA  
FIRST-CLASS

FOREVER



United States District Court  
District of New York

Office of the Clerk  
500 Pearl Street

New York, NY 10007

10000741330